potential first allograft recipient has been made non-transplantable, and the potential benefits of the donor-specific transfusion protocol appear to definitely outweigh the minimal risks of increased panel sensitization. In addition, because the transfusion is coming from a family member with a known medical history, the risk of transmitting hepatitis has been minimal, if not quite negligible.

REFERENCES

1. Opelz G, Sengar DPS, Mickey MR, et al: Effect of blood transfusions on subsequent kidney transplants. Transplant Proc 1973 Mar; 5: 253-259
2. Salvatierra O Jr, Vincenti F, Amend W, et al: Deliberate donor-specific blood transfusions prior to living related transplantation—A new approach. Ann Surg 1980 Oct; 192:543-552
3. Halasz NA, Orloff MJ, Herose F: Increased survival of renal homografts in dogs after injection of graft donor blood. Transplantation 1964 Jul; 2:453-458
4. Salvatierra O Jr, Vincenti F, Amend W, et al: Four-year experience with donor-specific blood transfusions. Transplant Proc 1983, in press
5. Salvatierra O Jr, Amend W, Vincenti F, et al: Pretreatment with donor-specific blood transfusions in related recipients with high MLC. Transplant Proc 1981 Mar; 13:142-149
6. Salvatierra O Jr, Iwaki Y, Vincenti F, et al: Incidence, characteristics, and outcome of recipients sensitized after donor-specific blood transfusions. Transplantation 1981 Dec; 32:528-531
7. Mendez R, Iwaki Y, Mendez R, et al: Seventeen consecutive successful one-haplotype matched living related first renal transplants using donor-specific blood transfusions. Transplantation 1982 Jun; 33:621-624
8. Takahashi I, Otsubo O, Nishimura M, et al: Prolonged graft survival by donor-specific blood transfusion. Transplant Proc 1982 Jun; 14:367-369
9. Leivestad T, Flatmark A, Hirschberg H, et al: Effect of pretransplant donor-specific transfusions in renal transplantation. Transplant Proc 1982 Jun; 14:370-373
10. Schweizer R, Bow L, Generas D, et al: Serologic considerations in donor-specific transfusion therapy for kidney transplantation. Transplant Proc 1982 Jun; 14:374-377
11. Sollinger H, Cook K, Sparks E, et al: Donor-specific transfusions in one-haplotype mismatched high MLC donor recipient combination and in vitro analysis. Transplant Proc 1983, in press

Medical Practice Questions

EDITOR'S NOTE: *From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.*

Constant Blood Pressure Monitoring

QUESTION:

Is constant monitoring of blood pressure, such as using the ambupress monitor, considered accepted medical practice?

OPINION:

In the opinion of the Advisory Panels on General and Family Practice and on Internal Medicine, constant blood pressure monitoring has shown potential usefulness only for carefully selected circumstances. The efficacy of this technique in routine clinical settings requires continued investigation.

Constant blood pressure monitoring is of use now primarily in research settings as part of investigational protocols. Additionally, it may have some value in selected patients in whom there appears to be disparity between casual blood pressures and end organ damage, those with borderline levels of hypertension and those with selected and relatively rare clinical conditions such as pheochromocytoma.

Previous studies indicate a great deal of variation in blood pressure throughout a 24-hour period. However, it has not yet been shown that the analysis of a 24-hour recording can successfully predict prognosis, pathological correlates or even optimal treatment strategies.

Some useful practical data have emerged in short-term monitoring. Multiple automated blood pressure readings during a 2-hour period seem reasonably predictive of the full 24-hour blood pressure average. There is promise that this 2-hour average, the subject of current investigation, could represent a reproducible and usable blood pressure measurement that would be superior to the conventional, casual single blood pressure reading.